

TOWN OF WALPOLE  
APPLICATION FOR USE OF ADAMS FARM PROPERTY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

which is to be used by \_\_\_\_\_

(Name of Organization )

\_\_\_\_\_

(Address of Organization )

on the \_\_\_\_\_ day(s) of \_\_\_\_\_

\_\_\_\_\_ month (s) between the hours of \_\_\_\_\_

at the following described place: \_\_\_\_\_

(please provide a brief description of the location at Adams Farm  
to be utilized)

What is the maximum number of people to attend? \_\_\_\_\_ Approximate # of Vehicles: \_\_\_\_\_

\_\_\_\_\_

What is the age group of the people? \_\_\_\_\_

\_\_\_\_\_

Fire Burning Permit needed: (please check) Yes \_\_\_\_\_ No \_\_\_\_\_

Approval by Fire Department: Granted \_\_\_\_\_ Not Granted \_\_\_\_\_

Fire Department Name/Rank/Date: \_\_\_\_\_

\_\_\_\_\_

Will a police detail or other type of security be provided? \_\_\_\_\_

(Final determination of detail requirement is the decision of the Walpole Police Department)

Is this request for an annual, reoccurring or series of uses? If so please explain: \_\_\_\_\_

\_\_\_\_\_

If cooking will be taking place during an event at Adams Farm Board of Health Approval is required:

Applicable \_\_\_\_\_ Not Applicable \_\_\_\_\_

If applicable: BOH approved \_\_\_\_\_ BOH denied \_\_\_\_\_ Signed & Dated \_\_\_\_\_

\_\_\_\_\_

The signature below verifies the knowledge of and agreement to the rules and regulations for use of the Adams Farm property in the Town of Walpole.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\*\*\*\*\***Official Use Only Below**\*\*\*\*\*

**Line**\*\*\*\*\*

Recommendation of the Adams Farm Committee: Approved: \_\_\_\_\_ Denied:\_\_\_\_\_

Comments:\_\_\_\_\_

\_\_\_\_\_

Signature (Adams Farm Committee Chair or Designee)

\_\_\_\_\_

Printed Name of Signatory

## **Adams Farm Barn/Pavilion**

### **User Group Sign off Sheet**

By reviewing and signing this agreement the organizer of an event at the Adams Farm Barn/Pavilion agrees to provide the following:

1. A Certificate of Insurance must be provided to the Town of Walpole prior to use – Smaller Groups must sign the attached waiver form that indemnifies the Town of Walpole.
2. Approximate number of vehicles expected to be parked for the event: \_\_\_\_\_
3. The event organizer agrees that additional Toilet Facilities must be provided by the organizers for attendees as required.
4. The event organizer agrees that he/she will be responsible for cleaning up and disposing and removal of trash that is left over from the event.
5. Approximate number of guests expected for event: \_\_\_\_\_
6. No grills or open fire pits are allowed during any events at the Adams Farm/Pavilion unless granted by the Fire Department.

Event Organizer Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please submit completed forms the Board of Selectmen's Administrative Assistant

**RELEASE FROM LIABILITY, INDEMNITY  
AND HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, in consideration of my being  
allowed to \_\_\_\_\_  
\_\_\_\_\_do forever

RELEASE, acquit, discharge and covenant to hold harmless the Town of Walpole, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, attorneys and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of in any way arising out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have or may acquire, resulting or to result from said participation in the aforementioned activities. Furthermore, I hereby agree to protect the Town of Walpole and its successors, departments, officers, employees, servants, attorneys and agents against any claim for damages, compensation or otherwise arising out of or resulting from any injury to any party in connection with said participation in the aforementioned activities and to INDEMNIFY, reimburse or make good to the Town of Walpole or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorneys' fees, which the Town of Walpole or its representatives may have to pay if any litigation arises from said participation in the aforementioned activities.

I hereby further covenant for myself, my successors and assigns not to sue the said Town of Walpole, its departments, officers, employees, servants, attorneys, and agents on account of any such claim, demand or liability.

Singed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant User : \_\_\_\_\_

Please print name: \_\_\_\_\_

Telephone: \_\_\_\_\_

